# STATE OF NEW HAMPSHIRE

# 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

### PLEASE PRINT

(Fox)  (Telephone)  (Description (Fox))  (Telephone)  (Telephone)  (Fox)  (Fox	I. Name of Lobb	oyist(s) Stephen T.	Tower			
(Name of partnership, firm or corporation)  117 North State Street	II. Name of lobb	oyist's partnership, fîrm o	r corporation, if any	<b>7:</b>		
(Name of partnership, firm or corporation)  117 North State Street	New l	Hampshire Legal Assis	tance			
Business Address: (Street) (Town/City) (State) (Zip Code)  (1) 603-224-4107 () 603-224-2053 e-mail stower@nhla.org  (Telephone) (Fax)  (Telephone) (Fax)  (Telephone) (Fax)  (This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  X All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.  IV. Date of Report April 26, 2017 July 26, 2017 January 31, 2018 activity from date of registration to 3/31/17  October 25, 2017 January 31, 2018 activity from 7/1/17 to 9/30/17  V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.  VI. Check if additional reports are attached:  If you have paid an honorarium or reimbursed expenses, you must file Addendum A—Fees and Expenses  If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement  If you, your firm, or your family has made political contributions, you must file Addendum C—Political Contributions  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Stephen T. Tower  (Print Name of lobbyist)						
(Telephone)  (1) 603-224-4107 (Telephone)  (1) 603-224-2053 (Fax)  (Fax)	117 N	Jorth State Street	Concord	NH	03301	
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).  All reportable transactions occurring in the months prior to the reporting date relative to the following client:  (Full Name of Client as it appears on the Lobbyist Registration Form)  OR  X All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client.  IV. Date of Report April 26, 2017   Negorts cover: activity from date of registration to 331/17 activity from 4/1/17 to 630/17  October 25, 2017   October 25, 2017   Activity from 7/1/17 to 9/30/17 activity from 10/1/17 to 12/31/17  V. There have been no fees received and no reportable transactions made since the last report.   If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.  VI. Check if additional reports are attached:  If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses  If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Report of Honorariums or Expense Reimbursement  If you, your firm, or your family has made political contributions, you must file Addendum C—Political Contributions  Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.  Signature of lobbyist)  Stephen T. Tower  (Print Name of lobbyist)	Business Address:	(Street)	(Town/City)	(State)	(Zi	Code)
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(Print Name of lobbyist)	` •	• •			` '	RECFIVE
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# STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)				
II. Name of lobbyist's part	nership, firm or corp	oration, if any:		
	New Hampshire	Legal Assista	ınce	
(Name of partne	ership, firm or corporation)			
III. Name of Client	N/A		Date	
IV. Fees Received Indicate the gross amount of a to lobbying, including fees for including research, monitorin	r services such as public	advocacy, governmen	t relations, or	public relations ser
reduced by any expenses:  a) Total of all fees received in	this reporting period		a) <b>\$</b>	0
•				
<ul> <li>Total of all fees received to (This should equal the total</li> </ul>	his calendar year, prior t al of all prior monthly re	o this reporting period ports for this calendar y	b) \$ rear)	0
c) Total of all fees received to (Add lines a and b)	o date		c) \$	0
d) Indicate the amount of any yet been paid	such fees that are due,	out have not	d) \$	. 0
V. Expenses: Lobbyist(s)/Lobbying partners fees. Separate reports are to the lobbyist(s)/firm that are Expenses are to be reported during the reporting period for individual expenses where the lunch where the cost was \$25 being lobbied, purchase of a co (c) an itemized statement of e any purpose not covered by ceremonial object to be given restaurant expenses for a leg	be filed for expenditure unrelated to any one of in one of three categories salaries, benefits, supe expenditure was of \$2.00 or less, purchase of ceremonial object given ach individual expenditure (a) (for example: purchase to the subject of lobbicislative reception). Ex	s made relative to each ient a separate report es of expenses: (a) the port staff, and office es 5.00 or less (for exampa pen with a value of let to a person being lobbing made during this repase of a meal with valuing with a value great	client and if may be filed the aggregate to expenses; (b) tole: meals put east than \$10 toled and orting period the of greater than \$25,	expenditures are made for the lobbyist(s) total of all expenses the aggregate total rehased during a bushat is given to the pue of \$25.00 or less of greater than \$25.00 than \$25, purchased but not greater than
contributions will be reported	on separate addendums	and should not be repor	ted on Adden	imbursement, or po
a) Total aggregate expenses if support staff, and office expen	on separate addendums or this reporting period anses, related directly or in	and should not be repor for salaries, benefits, ndirectly to lobbying.	a)\$	imbursement, or po
a) Total aggregate expenses f	on separate addendums or this reporting period anses, related directly or in	and should not be repor for salaries, benefits, ndirectly to lobbying.	a)\$	imbursement, or podum A.

d) Total expenses for this reporting period (Add lines a, b and c)	d)\$493.06
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e)\$ 1,057.36 f)\$ 1,550.42
f) Total of all expenses year to date	1,550.42
VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
<u></u>	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
2th	10/27/17 (Date)
(Signature of lobbyist)	(Date)
Stephen T. Tower	
(Print Name of lobbyist)	